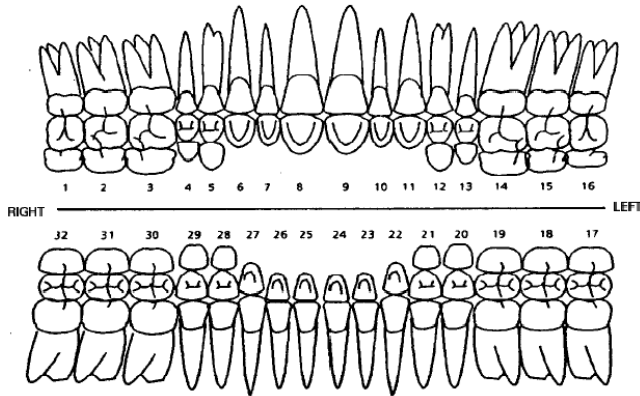


NATIONAL SCIENCE FOUNDATION
POLAR DENTAL EXAMINATION - ANTARCTICA

NAME: _____ DATE OF BIRTH _____ DAY TELEPHONE# _____

AGE: _____ YEAR PREVIOUS DEPLOYMENT: _____ CURRENT DEPLOYMENT: _____ TO _____

Chart existing restorations, missing teeth and endodontically treated teeth only:



- | | |
|---|---|
| <input type="checkbox"/> NSF | <input type="checkbox"/> S-Event/Group # _____ |
| <input type="checkbox"/> RPSC | <input type="checkbox"/> T-Event # _____ |
| <input type="checkbox"/> VECO | <input type="checkbox"/> Official Visitor-Event # _____ |
| <input type="checkbox"/> McMurdo | <input type="checkbox"/> RVIB NB Palmer |
| <input type="checkbox"/> South Pole Station | <input type="checkbox"/> RVIB LM Gould |
| <input type="checkbox"/> Palmer Station | <input type="checkbox"/> Alaska |
| <input type="checkbox"/> Greenland | <input type="checkbox"/> Other _____ |

PERIODONTAL EVALUATION

PROBINGS > 5 mm ☐ YES ☐ NO
ACTIVE DISEASE NOTED ☐ YES ☐ NO

THIRD MOLAR EVALUATION

3rd MOLARS PRESENT ☐ YES ☐ NO
POTENTIALLY SYMPTOMATIC ☐ YES ☐ NO

ALLERGIES:

Documentation of all treatment identified and rendered and original radiographs must accompany this form.

DATE	DIAGNOSIS TREATMENT

Attach the following **ORIGINALS** to this exam:

☐ PANO OR FULL MOUTH SERIES
(Required first deployment and every 5 years)

*Date of last Pano or Full Mouth Series _____

☐ BITEWING X-RAYS, SET OF 4 MOUNTED
SHOWING ALL POSTERIOR TEETH
(Required every deployment year)

I HAVE THOROUGHLY EXAMINED THIS CANDIDATE FOR TRAVEL TO ANTARCTICA. ALL NECESSARY TREATMENT HAS BEEN PERFORMED, ALL EVALUATIONS COMPLETED, AND THE APPROPRIATE DIAGNOSTIC RADIOGRAPHS WILL ACCOMPANY THIS COMPLETED FORM AS DIRECTED BY THE DEAR DENTIST LETTER.

DENTIST'S NAME (PRINT)

DENTIST'S SIGNATURE DATE

TELEPHONE NUMBER (include area code)

ADDRESS

ATTENTION EXAMINING DENTIST:
Please forward completed form, all documentation
of treatment and all **ORIGINAL X-rays** to

RAYTHEON POLAR SERVICES COMPANY
ATTN: Medical
7400 S. Tuscon Way
Centennial, CO 80112-3839
1-800-688-8606 ext 32287

USAP USE ONLY:

PQ ☐ WINTER REVIEW ☐
NPQ ☐